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Partial Splenectomy in a Dog

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was administered as a ruminatoric. A slight swelling of the prepuce just anterior to the incision was noted. It could not be determined whether this swelling was due to gravitation of infection or merely an inflammatory edema. Two No. 10 capsules of sulfanilamide were administered per os as a preventive measure against infection.

Treatment

On March 7, the calf appeared somewhat toxic, and the wound had a fetid odor. The calf was cast, and the area of the wound examined. The swelling anterior to the wound was found to be a pocket containing necrotic tissue. The pocket was opened to remove the necrotic tissue and establish drainage. The wound was treated with liquid bipp solution (1 part bismuth subnitrate, 2 parts iodoform, 15 parts liquid petrolatum), and the scrotal wound flushed out with sodium perborate solution. Again 2 No. 10 capsules of sulfanilamide were administered per os to prevent possible septicemia, and a No. 10 capsule of ginger and nux vomica was given as a ruminatoric.

On March 19, the calf was again on full feed, and the wounds were healing by granulation. Treatment was ceased at this time. The calf was discharged from the clinic 3 weeks after its entry.

Malignant melanomas occur quite commonly in gray and white horses, the common primary sites being the ventral surface of the tail, the recto-anal region, the external genitals of both sexes, the perineum, and the head and shoulders. This case of malignant melanoma of the scrotum of a calf was of interest not only because of its rare location, but because of the species of animal involved.

—C. L. Syverson, '45

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3 **Partial Splenectomy in a Dog.** A 10-year-old Scottish Terrier was brought to the Beverly Hills Small Animal Clinic with a history of having an abdominal enlargement. On examination an enlarged body could be palpated in the abdominal cavity. It was the clinician's belief that this was a tumor, possibly of a mesenteric lymph node. On the clinician's advice the owner consented to an operation for exploration and possible removal of the suspected tumor.

Preparation

The dog was given a basal anesthetic of 16 mg. of H-M-C (hyoscine-morphine-cactoid) subcutaneously. The abdominal area was closely clipped and scrubbed with tincture of green soap. Ether was then applied to remove any surface grease or oil, followed by an application of mercresin. The patient was placed on the operating table and the anesthesia completed with ether. A sterile shroud with an ovoid slit was placed over the abdomen, leaving the operative site exposed. A 15 cm. incision was made to the right of the median line, two-thirds of which was posterior to the umbilicus and parallel to the median line. The skin and rectus abdominus muscle were incised and this scalpel discarded. Sterile towels were attached to the edges of the skin incision with towel forceps as advocated by Markowetz. The incision was enlarged with Mayo scissors. On entering the abdominal cavity, a large tumorous mass was found enfolded in the omentum and mesentery. This proved to be two enlargements on the spleen. The ventral portion of the spleen had a spherical tumorous growth which was approximately 13 cm. in diameter. The dorsal portion had an enlarged growth 5 cm. in diameter. The vascular supply to the normal portion of the spleen was great enough to prevent necrosis of these two tumorous growths.

Surgical Procedure

The dorsal and ventral areas of the spleen containing these tumors were tied off with No. 1 chromic catgut. These were then removed from the normal splenic tissue. The incised edges were cauterized with the electric cautery. Very little hemorrhage resulted by tying off and cauterizing the spleen in this manner. The omental tissue and remainder of the

spleen were replaced in the abdominal cavity, and the peritoneum and rectus abdominus muscle were sutured with No. 1 chromic 10-day catgut. The fascia of the rectus abdominus was sutured next. Sulfanilamide powder was dusted into the suture recess and then the skin was sutured with No. 1 dermal interrupted suture. A sterile pack was placed over the incision and held in place by a many-tailed bandage which was kept on the patient for 7 days. Ten cc. of blood plasma were given intravenously followed by 50 cc. of physiological saline and dextrose.

Post-operative Care

The patient was not hospitalized. On the day following the operation he refused food, which was probably due to soreness from the operation. Enemas were given every other day for 4 days. The condition and the attitude of the patient were good during the post-operative period. On the fourth day, this dog was in a fight with a Cocker Spaniel, which left no noticeable effects. On the fifth day following the operation, every other dermal stitch was removed, and on the seventh day the remainder were removed. The wound healed by primary union, and a complete recovery is reported.

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4 **Intra-inguinal Cryptorchidism in Swine.** One of the most frequent and economically important arrests in development in swine is cryptorchidism. This is a condition in which one or both testicles fail to descend into the normal position in the scrotum. Its frequency of occurrence in hogs is illustrated by reports from federal inspectors-in-charge at various packing centers in the United States which reveal that 10 to 30 cryptorchids are found in each 10,000 head inspected. This is a significant figure when one considers that the average monthly receipts in Chicago alone are 480,000 hogs.

The typical cryptorchid testicle is small, soft, fetal in type, and does not produce spermatozoa. When only one testis has descended into the scrotum it undergoes compensatory hypertrophy and functions freely. Unilateral cryptorchids, though the scrotal testis functions satisfactorily, are not desirable as sires because of the constant peril of transmission of the defect to the progeny. It is found that where it is customary for large numbers of hogs to run at large, cryptorchidism exists in a greater percentage than elsewhere, because of lack of proper breeding control of the affected animals. Castration of such individuals is desirable since they not only transmit this defect, but the cryptorchid testis may taint the flavor of the meat or produce undesirable sex characteristics when the animal reaches sexual maturity.

Clinical Examination

A 225 lb. Poland-China boar was presented at the Stange Memorial Clinic on Feb. 7, 1944. The owner stated that the animal was a "ridgling" and wanted it castrated. Clinical examination revealed that the right testicle had descended into its normal place in the scrotum while the left testicle was not apparent and could not be palpated. A tentative diagnosis of abdominal cryptorchidism was made and surgery was employed.

The boar was restrained on a swine operating table, and the scrotal and inguinal regions were prepared in anticipation of a laparotomy. A local anesthetic of 2 percent procaine was infiltrated into the operative site. Beginning 5 cm. anterior to the brim of the pelvis, an 8 cm. incision was made through the abdominal wall 2 cm. to the left of the linea alba. The abdominal and pelvic cavities were explored through this incision but no testis could be found. Further palpation revealed that the vas deferens passed through the internal inguinal ring and that removal of the testis would require another incision over the inguinal canal. The abdominal incision was closed by suturing the peritoneum with a continuous row of catgut sutures, the fascial